

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Starr Insurance Holdings, Inc. Political Action Committee

ADDRESS (number and street) ▼

399 Park Avenue

17th Floor

☐ Check if different than previously reported. (ACC)

New York

NY

10022

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00509331

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

16

2014

through

M M M / D D D / Y Y Y Y Y Y

11

24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Howard I. Smith

Signature of Treasurer

Howard I. Smith

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

01

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Starr Insurance Holdings, Inc. Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date												
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">2014</td></tr></table>	Y	Y	Y	Y	2014					<table><tr><td colspan="4">16305.12</td></tr></table>	16305.12			
Y	Y	Y	Y											
2014														
16305.12														
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="4">28318.58</td></tr></table>	28318.58												
28318.58														
(c) Total Receipts (from Line 19)	<table><tr><td colspan="4">2492.67</td></tr></table>	2492.67				<table><tr><td colspan="4">58506.13</td></tr></table>	58506.13							
2492.67														
58506.13														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="4">30811.25</td></tr></table>	30811.25				<table><tr><td colspan="4">74811.25</td></tr></table>	74811.25							
30811.25														
74811.25														
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="4">0.00</td></tr></table>	0.00				<table><tr><td colspan="4">44000.00</td></tr></table>	44000.00							
0.00														
44000.00														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="4">30811.25</td></tr></table>	30811.25				<table><tr><td colspan="4">30811.25</td></tr></table>	30811.25							
30811.25														
30811.25														
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="4">0.00</td></tr></table>	0.00												
0.00														
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="4">0.00</td></tr></table>	0.00												
0.00														



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Starr Insurance Holdings, Inc. Political Action Committee

Report Covering the Period:

From:

M M /

D D /

Y Y Y Y Y

10

16

2014

To:

M M /

D D /

Y Y Y Y Y

11

24

2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2447.67

56508.41

(ii) Unitemized

45.00

1997.72

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2492.67

58506.13

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

2492.67

58506.13

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

2492.67

58506.13

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2492.67

58506.13

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	39000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	44000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	44000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2492.67	58506.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2492.67	58506.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Starr Insurance Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Dangelo

Mailing Address 1601 Jordan Way

City State Zip Code
 Manasquan NJ 08736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4473.55

Date of Receipt

M M / D D / Y Y Y Y Y
 10 23 2014

Transaction ID : 20141201164240-1

Amount of Each Receipt this Period

263.15

Full Name (Last, First, Middle Initial)

B. Charles Dangelo

Mailing Address 1601 Jordan Way

City State Zip Code
 Manasquan NJ 08736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4473.55

Date of Receipt

M M / D D / Y Y Y Y Y
 11 06 2014

Transaction ID : 20141201164240-10

Amount of Each Receipt this Period

263.15

Full Name (Last, First, Middle Initial)

c. Charles Dangelo

Mailing Address 1601 Jordan Way

City State Zip Code
 Manasquan NJ 08736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4473.55

Date of Receipt

M M / D D / Y Y Y Y Y
 11 20 2014

Transaction ID : 20141201164240-19

Amount of Each Receipt this Period

263.15

SUBTOTAL of Receipts This Page (optional)..... ►

789.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Starr Insurance Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. David French

Mailing Address 399 Park Ave
9th Floor

City State Zip Code
New York NY 10022-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
President - Marine Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.61

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 20141201164240-4

Amount of Each Receipt this Period

27.33

Full Name (Last, First, Middle Initial)

B. David French

Mailing Address 399 Park Ave
9th Floor

City State Zip Code
New York NY 10022-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
President - Marine Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.61

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2014

Transaction ID : 20141201164240-13

Amount of Each Receipt this Period

27.33

Full Name (Last, First, Middle Initial)

C. David French

Mailing Address 399 Park Ave
9th Floor

City State Zip Code
New York NY 10022-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
President - Marine Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.61

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 20141201164240-22

Amount of Each Receipt this Period

27.33

SUBTOTAL of Receipts This Page (optional)..... ►

81.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Starr Insurance Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Frisch

Mailing Address 399 Park Ave
9th Floor

City State Zip Code
New York NY 10022-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
VP & Comptroller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 20141201164240-2

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Brian Frisch

Mailing Address 399 Park Ave
9th Floor

City State Zip Code
New York NY 10022-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
VP & Comptroller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2014

Transaction ID : 20141201164240-11

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Brian Frisch

Mailing Address 399 Park Ave
9th Floor

City State Zip Code
New York NY 10022-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
VP & Comptroller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 20141201164240-20

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Starr Insurance Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Ma

Mailing Address 1000 Wilshire Blvd
Suite 2200

City State Zip Code
Los Angeles CA 90017-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
Underwriting Manager - Financial Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 20141201164240-5

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Ma

Mailing Address 1000 Wilshire Blvd
Suite 2200

City State Zip Code
Los Angeles CA 90017-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
Underwriting Manager - Financial Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2014

Transaction ID : 20141201164240-14

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Ma

Mailing Address 1000 Wilshire Blvd
Suite 2200

City State Zip Code
Los Angeles CA 90017-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
Underwriting Manager - Financial Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 20141201164240-23

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Starr Insurance Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Maher

Mailing Address 713 Woodland Ave

City

Norristown

State

PA

Zip Code

19403-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Starr Indemnity & Liability Company

Occupation

Regional Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : 20141201164240-6

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

B. Joseph Maher

Mailing Address 713 Woodland Ave

City

Norristown

State

PA

Zip Code

19403-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Starr Indemnity & Liability Company

Occupation

Regional Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 06 / 2014

Transaction ID : 20141201164240-15

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

C. Joseph Maher

Mailing Address 713 Woodland Ave

City

Norristown

State

PA

Zip Code

19403-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Starr Indemnity & Liability Company

Occupation

Regional Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 20141201164240-24

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)..... ►

117.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Starr Insurance Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christian Milton

Mailing Address 399 Park Avenue
17th Floor

City State Zip Code
New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
C. V. Starr & Co., Inc.

Occupation
Senior Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2318.97

Date of Receipt

M M / D D / Y Y Y Y Y
10 23 2014

Transaction ID : 20141201164240-3

Amount of Each Receipt this Period

136.41

Full Name (Last, First, Middle Initial)

B. Christian Milton

Mailing Address 399 Park Avenue
17th Floor

City State Zip Code
New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
C. V. Starr & Co., Inc.

Occupation
Senior Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2318.97

Date of Receipt

M M / D D / Y Y Y Y Y
11 06 2014

Transaction ID : 20141201164240-12

Amount of Each Receipt this Period

136.41

Full Name (Last, First, Middle Initial)

C. Christian Milton

Mailing Address 399 Park Avenue
17th Floor

City State Zip Code
New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
C. V. Starr & Co., Inc.

Occupation
Senior Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2318.97

Date of Receipt

M M / D D / Y Y Y Y Y
11 20 2014

Transaction ID : 20141201164240-21

Amount of Each Receipt this Period

136.41

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

409.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Starr Insurance Holdings, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alex Pittignano

Mailing Address 399 Park Ave
8th Floor

City State Zip Code
New York NY 10022-4877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
VP, Crisis Management, Environment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 20141201164240-9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Alex Pittignano

Mailing Address 399 Park Ave
8th Floor

City State Zip Code
New York NY 10022-4877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
VP, Crisis Management, Environment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2014

Transaction ID : 20141201164240-18

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Alex Pittignano

Mailing Address 399 Park Ave
8th Floor

City State Zip Code
New York NY 10022-4877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr Indemnity & Liability Company

Occupation
VP, Crisis Management, Environment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 20141201164240-27

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

2447.67